

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/589,799

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2			/				52						
3			/				53						
4			/				54						
5			/				55						
6			/				56						
7			/				57						
8			/				58						
9			/				59						
10			/				60						
11			/				61						
12			/				62						
13			/				63						
14			/				64						
15			/				65						
16			/				66						
17			/				67						
18			X				68						
19			X				69						
20			X				70						
21							71						
22							72						
23							73						
24							74						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓	11	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS			14				TOTAL CLAIMS						